

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M17955

**1. Corporation Name** ACTION MARINE, INC.

**REINSTATEMENT** 03-04

800027711058

02/13/04--01039--018 \*\*150.00

**2. Principal Office Address**

7600 MIAMI VIEW DRIVE

**3. Mailing Office Address**

7600 MIAMI VIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

N. BAY VILLAGE, FL

**City & State**

N. BAY VILLAGE, FL

**Zip**

33141

**Country**

**Zip**

33141

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/12/85

**5. FEI Number**

59-2551912

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

GEORGE B. SCHOENROCK II

**Street Address (P.O. Box Number is Not Acceptable)**

7600 MIAMI VIEW DRIVE

**Suite, Apt. #, Etc.**

**City**

N. BAY VILLAGE, FL

**State**  
FL

**Zip Code**

33141

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*George Schoenrock II*  
REGISTERED AGENT MUST SIGN

**Date**

1-20-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P, D	GEORGE B. SCHOENROCK II	7600 MIAMI VIEW DRIVE	N. BAY VILLAGE, FL 33141

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

*George Schoenrock II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

1-20-04 305  
756-6295  
Daytime Phone #